



**AMENDMENT 2**

**to**

**Solicitation Number: RFP YH07-0057  
Request for Proposal for IT System  
Planning, Design, and Application  
Development Project Staffing Services  
and Expert Consultants**

**Amendment Date: March 30, 2007**

Arizona Health Care Cost Containment System  
(AHCCCS)  
701 East Jefferson, MD 5700  
Phoenix, Arizona 85034

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**A signed copy of this amendment must be returned with the proposal and received by AHCCCS on or prior to the Solicitation due date and time.**

**This solicitation is amended as described in Attachment A:**

This amendment is to:

1. Respond to written questions regarding this RFP;
2. Provide Personnel Classification

Offeror hereby acknowledges receipt and understanding of this Solicitation Amendment.		This Solicitation Amendment is hereby executed this 30 <sup>th</sup> day of March 2007, in Phoenix, Arizona.
Signature	Date	
Typed Name and Title		Michael Veit
		Contracts and Purchasing Administrator
Name of Company		

**YH07-0057 QUESTIONS (Q) AND ANSWERS (A)**

- Q. Scope of Work (SOW) Introduction-2.1.1, page 4, what other data sources other than Medicaid claims data are expected to be tied into the solution for the project phases under this RFP?
- A. Pages 13-16 lists details of the types of data, interfaces, data sources, and applications we anticipate being within the scope of this project.
- Q. SOW-Introduction 2.1.1, page 4, what are the proposed sustainable model(s) as referenced in the final sentence of the first paragraph of section 2.1.1?
- A. We are looking for a model that will last and can be further enhanced.
- Q. SOW-2.1.1, page 5, Is the success of the EHR pilot defined by the outcomes listed in section 2.1.1 (e.g., Connection of 35% of AHCCCS providers who will be actively sharing electronic health information through the HIE by the end of 2009, 60% by the end of 2010 and over 90% by the end of 2011)?
- A. Success will be measured by many aspects, overall acceptance being one. This is only one of the objectives.
- Q. SOW-Purpose/Scope of Services-2.1.2: page 5 Please further define the hardware and software referenced in paragraph 1 of section 2.1.2. Can this hardware and software be co-located outside the state of Arizona?
- A. The hardware and software pricing is for development and testing tasks being done by the individual project team member. These are meant to be the personal workstations. AHCCCS is open to different possible scenarios for the hardware and software tools, with the expectation that AHCCCS will be able to own/license said hardware and software at some point during the project or at implementation.
- Q. 2.1.2 SOW-Scope of Services, Page 5; The Scope of Services is very broad and open ended. Aside from staff price, how will AHCCCS evaluate the contractor's proposed staff and staffing model for the broad scope of services? How will AHCCCS determine contractor staff composition at a given phase?
- A. For the first section of the RFP, we will evaluate the proposal based on plan definition, and quality of resources.
- The second section of the RFP will be evaluated based on quality of resources.  
Quality of resources will be based on experience, skills and past successes.
- Q. 2.1.2 Scope of Services, pg 5: Is it AHCCCS's intention to award to more than one contractor or would AHCCCS prefer to work with one contractor assuming all resources (and related capabilities) could be provided at the right price?

- A. There is no preference. The decision will be based on the responses that are submitted.
- Q. 2.1.2 SOW-Scope of Services, page 5; What is the proposed role of the AHCCCS MCO Claims System? How will the system be integrated? Is the integration part of the scope of work of this project?
- A. We expect to include claims information in the EHRs however it has not yet been decided as to how this data will be loaded in the HIE.
- Q. 2.1.2 SOW-Scope of Services, page 5; Since the contractor is to provide office space for project staff, please clarify whether this is space for contractor staff or state staff or both? How many offices will be required? Also please provide a projected number of staff to be trained and within what size groups?
- A. The office space will be for contractor staff only. AHCCCS cannot provide permanent office space. Most work can be conducted via telecommunication.
- Q. SOW-2.1.2 page 5; In paragraph 1 of section 2.1.2 – please clarify the following:
- Please specify any square footage requirements for office space for project staff, conference rooms, and training facility
  - Is there a location / proximity preference or requirement with respect to the space(s) referenced above?
  - Please clarify what specific requirements exist for video / teleconferencing equipment as referenced in this section
  - Do the space requirements listed in this section refer to Contractor project staff only, or do they also include any State staff and non-affiliated subcontractors?
- A. AHCCCS is asking that facilities are provided by the contractor for their personnel only. AHCCCS will not have space to house any contractors. AHCCCS will have space for meetings, and some visitor cubes. There are no location requirements; however, it should not be difficult to arrange to have contractor personnel on-site at AHCCCS as needed.
- Q. Attachment B-3 Personnel, page 65; Is the Office Space, Conference Rooms, Training Room Resources table from the original RFP no longer required?
- A. AHCCCS will not be providing facilities for these purposes. If the respondent wishes to have these costs covered by this contract, or is interested in offering facilities for AHCCCS' usage, then this information should be submitted.
- Q. Office space, location etc... Are factors that will be determined by how many personnel Arizona require, how is Arizona expecting vendors to fill in this information?

- A. The space is for the contractor's staff, so it is dependent on how many staff the contractor does not already provide with office space and in with the prevalence of telecommuting, how often the contractor believes office space will be needed. AHCCCS cannot reimburse a provider for any service that is not listed in the contract, thus to be fair to any providers that expected office space to be available this provision was added.
- Q. SOW-2.1.2, page 6, What is the State rate for travel reimbursement for employees?
- A. Please refer to [www.gao.state.az.us/travel](http://www.gao.state.az.us/travel) .
- Q. SOW 2.1.2 Scope of Services, pg.6. AHCCCS has identified over 20 roles for potential assistance. Has AHCCCS made preliminary determination of those roles that would most likely need to be provided by a contractor to complement AHCCCS' current and/or anticipated capabilities and resources?
- 2.1.2 Scope of Services, page 5; The Medicaid Transformation Grant lists 11 positions, the RFP page 6 lists 16 positions and pages 61-64 lists 25 positions. Which section includes the complete lists of staffing resources for which AHCCCS requests rates?
- A. The 12 positions in the transformation grant are positions that will be hired by AHCCCS for this project. Page 6 lists types of staffing. Pages 61-64 are where a bidder can demonstrate the wide spectrum of skills that the bidder will be able to bring into the project. Until Phases 1 and 2 are complete it will be impossible for us to forecast our consultant and staff needs.
- Q. SOW 2.1.3 Goals and Objectives, page 7; How will AHCCCS baseline and track performance metrics listed on page 7? Will the vendor or state be accountable for these performance results?
- A. The State will be responsible for baseline, tracking and accountability of results.
- Q. 2.1.3 Goals and Objectives, pg. 7. Is it AHCCCS' intent to hold the awarded contractor accountable for the program goals and objectives outlined on page 7 of the RFP?
- A. The goals on pg 7 are high level goals, unless we had contracted this project out, which is not our plan, we could not hold the contractor responsible for such high level goals. AHCCCS will hold you responsible for how you perform your individual task order(s).
- Q. SOW-Background-2.2.1. page 8, In the second paragraph of Section 2.2.1, the following is listed as goals for the EHR project:
- It will support better chronic disease management by providing nearly real time episode-of-care data to enhance effective medical management of high cost, high risk chronically ill beneficiaries.'
  - This project also envisions beneficiaries having access to their own health information, including immunization records, MCO, and provider quality of care information, cost of care information; medication lists, and even member care management and patient services plans.'
- How do these goals fit within the scope of the pilot as defined elsewhere in the RFP?

- A. AHCCCS recognizes that as the requirements are defined, and as cost and complexity become identified, certain aspects of the vision may not be able to be included within the scope of this two-year project, but rather, may need to wait until follow-on projects can be performed. The first two phases of the project will define requirements and establish scope.
- Q. 2.2.1, page 8; In the second paragraph of Section 2.2.1, Hispanic and Native American beneficiaries are referenced as possible users of a personal health record (as cited above). Are Spanish and Native American languages a requirement for system design / presentation? If so, please specify.
- A. A large percentage of AHCCCS' members speak Spanish. Also AHCCCS will be working with IHS to include Native American's who utilize AHCCCS programs. Specific requirements for supporting these populations will be defined in the first two phases of the project.
- Q. 2.2.2 Agency Organization, page 9; There is an Agency Organization chart in the RFP and on the AHCCCS website dated 2/2007. Which organization chart is the most accurate?
- A. 2/2007 is the later date. There are no changes that affect this RFP.
- Q. 2.2.2 Agency Organization, pg. 9. Where in the AHCCCS organization will this project report? Has AHCCCS identified the project leader? If so, who will be the project leader for AHCCCS?
- A. This project reports to the Office of the Director (OOD). Perry Yastrov is the Project Director, and is responsible for staffing the AHCCCS project team.
- Q. 2.2.2 Agency Organization, page 9; How does AHCCCS plan to involve their organization in this project? What section, and/or staff will provide project leadership? Management? Support?
- A. The Project Director, who reports directly to the Agency Director, will be responsible for the project, the project team, and the contractor on the project.
- Q. 2.2.3 Future, Page 10; Please clarify the relationship of AZ 211 to this bid? How does AHCCCS intend to integrate the AZ 211 project? At what phase will this project be integrated? Will this integration be a part of the scope of this or another contract?
- A. Since the HIE project will implement a web portal, it is conceivable that the web based AZ211 system could be accommodated in the same portal. Also in the workflow of a caregiver, there is often a need to refer a patient to 211 services. Depending on the workflow requirements, some level of integration with the AZ211 system could be defined.
- Q. SOW-Future-2.2.3, pages 12-16; There are many components of the Electronic Health Record and Health Information Exchange appear to reside in different corporate, state, and federal databases and applications. Do data sharing agreements exist for each potential partner listed? Please specify which data sharing partner does or does not have a data sharing agreement in place.

- A. First all the potential partners need to be identified and then, if agreements do not exist, they will be written. Also, some current agreements might need to be modified depending on the scope of work and the technology involved.
- Q. SOW-Contract Phases & Schedule-2.3 Amendment 1 #5, page 16; Is there a timeline for the remaining phases in Section II? If so, what are they?
- A. The detailed schedule will be derived as part of phases I and II. The target for pilot implementation is October 2008. However, AHCCCS desires to implement the EHR/HIE as soon as feasible.
- Q. DSOW-2.3, page 16: Depending on the scope of the pilot loosely defined elsewhere in the RFP, is the October, 2008 pilot implementation date a 'hard date' or one subject to final scope based on revised Task Orders and scope?
- A. AHCCCS has a grant from the Federal government for almost 12 million dollars through September 30, 2008. No extension of the grant is foreseen at this time.
- Q. SOW-2.3, page 16: Please specify how AHCCCS envisions project leadership continuity from Contractor Project Lead and Project Manager Positions?
- A. AHCCCS will be the lead on the project. The Contractor Project Lead will take direction from the designated AHCCCS project team member.
- Q. 2.3, page 16: Please identify which phases where AHCCCS may envision overlap.
- A. As work progresses, if the prerequisites for beginning a following phase are complete, then the latter phase may begin before the completion of the preceding phase.
- Q. SOW-2.3, page 16; Please define the number of providers, specific location(s), beneficiaries, and data sharing partners to participate in the pilot implementation scheduled for October, 2008.
- A. Participants in the pilot will be solicited and defined as part of the work during phases I and II.
- Q. SOW-2.3, page 16: Please specify the web portal access gateway that AHCCCS will manage and provide for EHR/HIE development. Are there any limitations to the public-domain and third-party software applications dictated by this gateway?
- A. The web portal gateway will be specified, developed and implemented as part of the project.
- Q. 2.3 Contract Phases and Schedule, page 16; The 2.3 Contract Phases and Schedule section references the AHCCCS claims system integration project. Will a separate RFP be released for the claims system and integration? If so, when is this anticipated to be released? What responsibility, if any, will the contractor in this proposal have for integration of the claims system?

- A. AHCCCS is re-reviewing its Claims systems needs. As stated before, it is the provider who gets the task order who is responsible for the result. There will probably be more than one task order for linkage with the claims system.
- Q. 2.3 Contract Phases and Schedule, page 16: How will AHCCCS determine whether to accept or reject recommendations from the contractor in each phase? How will AHCCCS ensure that they do not select a contractor with a low proposal price that may choose to recommend essential costly elements after the bid is awarded?
- A. Awards shall be made in the best interest of the state and to the most responsible and responsible bidder(s)
- Q. SOW-Phase I-2.3.1, page 17: Does AHCCCS have preferred document management, project scheduling, and systems development software solutions? If so, please specify type and version.
- A. AHCCCS has no preference, and is open to using tools brought into the project by the contractor, with the expectation that AHCCCS will be able to own/license the tools if so desired.
- Q. SOW-Phase II-2.3.2, page 18: Is the complete set of requirements already complete, and will Phase II only be a review and validation of these requirements?
- A. High level requirements will be defined in phase I, detailed requirements will be defined in phase II.
- Q. 2.3.2, page 18; Have budgets been projected based on these requirements? How much flexibility in budgets is possible if requirements change?
- A. Total funding for the project is covered from the CMS Transformation Grant award. The project costs cannot exceed the amount of the grant which was approximately \$11.7M.
- Q. 2.3.5 Phase V – Testing, page 19; Who is responsible for Testing? The RFP states that the contractor will "assist" or "support" testing? Is the state responsible for Testing?
- A. AHCCCS is responsible for leading all aspects of the project.
- Q. SOW-2.3.6, page 20: Who will be responsible for recruiting physician offices for the pilot? Please define what is meant by “assist in the recruitment”?
- A. AHCCCS will take the lead, probably through its Division of Fee for Service Management and its Division of Health Care Management, and through community groups.
- Q. SOW 2.3.9 Post Implementation Support-Phase IX. Pg. 22. Is it AHCCCS' intent to manage and operate the solution that will be developed?

A. Yes.

Q. Special Instructions to Offerors-Due Date & Time-4.3, page 33: Would AHCCCS entertain a two-week due-date delay in RFP responses?

A. The new due date is April 9, 2007, 3:00 PM, MST, please refer to Amendment 1 on the AHCCCS web site; also some requirements for the RFP were changed in that amendment.

Q. Special Instructions to Offerors (SIO) –Project Narrative-Introduction-5.2.1, Amendment 1, page 34; What is the proposal response limitation to 5.2.1 ‘Introduction’? It had been two pages in the original RFP.

A. You are correct the Introduction section should be limited to 2 pages.

Q. Special Terms & Conditions #31, page 57; The RFP references several costing methodologies such as firm fixed price, total price while the staff mix and assignment, project scope and deliverables are not yet clear. Please explain how the cost, qualification and experience requested will be weighted and evaluated.

A. The “fixed firm price” is the rates (prices) you bid. We do not plan to have Not to Exceed on any of the contracts. We expect you to use the rate with which you responded to this procurement prices when responding to task orders

Q. SIO-6.1 Bidder Evaluations, pg. 36. How will the total proposed price be determined given the scope of services and required resources will be determined phase by phase? How does this fit expectations for firm fixed priced?

A. The “fixed firm price” is the rates (prices) you bid. We do not plan to have Not to Exceed on any of the contracts. We expect you to use the rate with which you responded to this procurement prices when responding to task orders

Q. Special Terms & Conditions #31, pg. 57. Item #31 indicates the contract type awarded will be firm fixed price. Page 16 indicates that the detailed schedule and project plan will be finalized as part of Phase I. Please explain how the firm fixed price of each task order will be calculated including fees and resource charges delineated in Attachment B.

A. The “fixed firm price” is the rates (prices) you bid. We do not plan to have Not to Exceed on any of the contracts. We expect you to use the rate with which you responded to this procurement prices when responding to task orders

Q. 6.2 Bidder Evaluation, page 36; How will AHCCCS evaluate staff resource qualifications and experience?

A. AHCCCS will select the most qualified, most experienced individuals.



Q. 6.2 Bidder Evaluation, page 36; How is the contractor to develop a "total proposed price" or a "firm fixed price" for the staff pricing schedule, when the scope of work, solution and staffing assignments are not yet detailed?

A. There is an amount you pay and an amount you charge for every person on your roster. In the proposer's conference, those in attendance, asked for AHCCCS to supply sample job descriptions. When asking for the pricing, we tried to make it clear by saying, "Below in table B-1 is a list of some examples of the projected staffing for the project." If the Data Systems Analyst we described is equivalent to your Data Systems Analyst II bid that rate, if a project needs a Data Systems Analyst IV, his rate is open for discussion.

Originally we had left it open ended and that was a problem at the proposer's conference. We are not expecting to see rates for every possible person or position on your roster.

Q. Attachment 1(A-1)-Amendment 1, page 59 Are there any proposal submission requirements or limitations with respect to the Proposal of completion of Phases I and II?

A. No

Q. A-1 Amendment 1, page 59 For positions other than Project Lead, are resumes of 'named individuals' required for response, or would representative resumes of Contractor staff suffice?

A. The response to Section I is a response to a task order. We want the proposer whose response to this task order is accepted by AHCCCS to be able to hit the ground running on May 7, 2007, provided we give them 2 weeks prior notice. Considering your proposal is being submitted on April 9, 2007, we hope you would have some idea who you would have available.

Proposal for completion of Phases I and II includes

- project plan
- tasks to be completed,
- roles assigned to each task,
- estimated hours needed for each task, and hourly rate
- Deliverable for each task.
- Total cost and expected completion date assuming a May 7, 2007 start date.
- Proposers may submit two alternate proposals for this projects one looking to cost efficiency and another to time efficiency.

Q. A-1 Amendment 1. page 59 What number of FTE and for which positions does AHCCCS currently have, or plan to have to participate with Phases I and II of the project? Please specify.

A. There are 12 positions budgeted for hire to the AHCCCS project team. These positions are listed in the Transformation Grant Application which can be found at:  
<http://www.azahcccs.gov/eHealth/Finalsubmittal10-2-06.pdf>

- Q. RFP Amendment #1  
Given that Amendment 1 states that task orders will be created “as needed during each phase” and the timeline and scope of phases 3 through 10 will be clarified as a result of work in earlier phases, the contractor is unable to completely commit to the scope and availability of specific resources prior to the time the actual task order is prepared and executed. Will the contractor have the opportunity to decline participation in a task order, especially any task order created in relation to work in phases 3 through 10? If not, can the State describe how they intend to work with the contractor to come to terms on an appropriate scope of work, the provision for contractor resources, and contractor’s responsibility for outcomes.
- A. This is something that will be worked out in negotiations. If AHCCCS contracts with several providers capable to provide the same sort of work. It might not be a problem declining the task order. However, if AHCCCS only contracts with one or two providers capable of providing the service, due to assurances of available staff, it would be a different situation.
- Q... RFP Amendment #1  
Given that Amendment 1 allows Proposers the ability to choose to respond to either or both sections of the work in the RFP, if a Proposer responds to section 1 only, and does not choose to propose on section 2 at this time, will the Proposer be allowed to respond to a task order for section 2 in the future, or is the response to this RFP by April 9 the only opportunity for a Proposer to do so? If a Proposer chooses not to respond to either section at this time, will the Proposer be allowed to respond to a task order for section 2 in the future, or is the response to this RFP by April 9 the only opportunity for a Proposer to do so?
- A. No. . The closing date for the RFP is April 9, 2007 for both parts. As was explained in the proposer’s conference, AHJCCCS is expected to complete a large complex project in a very short time period. A response to Section I is to be involved in the highest level of decision making for this project. A response for Section II provides AHCCCS with the staffing and expertise needed to complete the project. AHCCCS does not want to lose the momentum on this project by stopping to conduct a second procurement for Section II.
- Q. A-5-Key Staff, page 60 Has AHCCCS specified what consultant skillsets / experiences they prefer? (e.g., clinical experience in XXX field, technical experience in XXX development technology)
- A. No, it is for you to decide who you consider your key staff and which of them you are willing to propose for this project.
- Q. Attachment B-1(B-1) Personnel, page 63; What percentage of FTE do you anticipate needing for the physician consultant?
- A. This position is no longer listed in Amendment B; it was removed by Amendment 1 to this solicitation.
- Q. B-1 Personnel, page 63 Is AHCCCS looking for specific individual resumes and names or representative resumes for each position listed in section B-1, Personnel?

- A. AHCCCS is looking for one or two, at most, representative resumes for each job Description.
- Q. B-1 Personnel, page 63; Please provide a sample job description for a Project Manager. What are AHCCCS minimum qualifications for such a position if it were to hire directly?
- A. It is provided in the Solicitation Amendment 1 on the AHCCCS web site at [www.azahcccs.gov](http://www.azahcccs.gov) in solicitations RFP. Officially the State has an equivalent in all its job descriptions. If you screened the person and the person met your requirements, it comes down to the question is this someone who can contribute to the project.
- Q. B-2 Hardware and Software Resources, page 65; Does AHCCCS have a targeted hardware or vendor environment? Since the solution has not yet been developed what assumptions should the contractor use in developing costs projections for development and solution hardware and software? For example, how many seats should the contractor estimate for the development environment or licensures for the solution? Is pricing to be specified by a "per seat" formula?
- A. The hardware and software pricing is for development and testing tasks being done by the individual project team member. These are meant to be the personal workstations. AHCCCS is open to different possible scenarios for the hardware and software tools, with the expectation that AHCCCS will be able to own/license said hardware and software at some point during the project or at implementation. Costs should be listed per seat, unless the contractor has other more favorable licensing available.
- Q... How critical is it to stick to the page limits indicated in Page 59 of the RFP?
- A. It is critical that you follow instructions which demonstrates responsiveness.
- Q. The hardware and software costs will depend on the platform that Arizona chooses, how is Arizona expecting vendors to fill in this information?
- A. If you want to differentiate based on platform, add a separate entry for each technology skill set you would like to offer.
- Q. From the RFP, we infer that Arizona may include components that are already developed by vendors that meet specific functionality. We have one such component, where and how do we provide this information to Arizona?
- A. The first two phases of the project are to define requirements, and then make decisions as to what types of solutions would satisfy those requirements.
- Q. Under what part will the Finance Tab go? Is it Part 1 or Part 2 or Part 3? Or does this go in a separate envelope?

A. The financial information goes under the fourth tab, after pricing with Attachments A and B (all in tab 3) and before organizational information (tab 5). You do not need to number the tabs if you don't want, the titles will do.

Q. SIO-How many copies of Transmittal Letter do you need. Again specific which Part this belong to? Or should it be in separate envelope?

A. If you are numbering your tabs, the transmittal letter is tab 1. The general instruction is:

3.4 Binding

Each bidder must submit a proposal in a three (3) ring loose leaf binder to allow for easy insertion of updated pages to the extent necessary. Also binder shall have tabbed dividers for each section and sub section.

An original and 4 copies are being required for everything submitted.

Q Under which Tab should the Financial Information be presented. Will it be under Tab 1 Proposal Narrative? -

A. No Tab 4

Under which Tab should the Organizational Information be presented. Will it be under Tab 1 Proposal Narrative? –

A. No tab 5

Under which Tab should the Qualifications and Experience be presented? Will it be under Tab 1 Proposal Narrative? –

A. No tab 6

Please keep in mind that the proposal narrative is a one (1) page limit overview.

Q Should sections B1, B2, B3 B4 and B5 belong to Tab 2 or Tab 3, since there is a statement in the Solicitation which says Attachment B should be presented under Staffing, Cost and Resource Tab.

A. Yes –it involves pricing. However, now there are only two tables, see Solicitation Amendment 1

Q. Further Solicitation says Part 3 should have Hourly Fee Schedule, Fees and Charges Proposal

A. Yes that is what you present in Attachment B and it is submitted in tab 3.

Q. In circumstance of open source development, is it still definitive requirement that AHCCCS is looking for transfer of ownership especially given situation of Open source installations everywhere in the country today.

- A. Please see paragraph 27, Ownership of Information and Data. You do have a point and AHCCCS needs to discuss the difficulties cause by our contract language when open source installations are used. My suggestion is to carefully document where open source sources are used and prior to using open source sources, discuss it with the project administrator. Paragraph 27 basically says if we pay you for work, the work you did belong to us.
- Q. Is AHCCS looking for hardware and Software pricing for development and testing purpose or production purpose.
- A. The hardware and software pricing is for development and testing tasks being done by the individual project team member. These are meant to be the personal workstations.
- Q. 6.1 Bidder Evaluation, pg. 36. Please clarify expectations regarding the type of hardware and software required to support AHCCCS' solution development process.
- A. Development and testing tasks being done by the individual. These are meant to be the personal workstations Software tools to be used to support the development and testing can be part of the response. Since specific technology to be deployed is TBD, multiple tools may be proposed.
- Q. We assume that “teaming” between organizations is allowed, with one contractor being the “prime”. Please tell us if that isn’t correct.
- A. Yes. Just be certain it is evident who will be the Contractor and who will be the subs.
- Q. We plan on proposing phases 1 and 2 as a combined project with a dedicated team, schedule, fees and specific deliverables identified. Would this be acceptable?
- A. Yes, provided you give us the information we requested.
- Q. Can we identify additional personnel by competency instead of by individual name? Especially for phases 3 – 10?
- A. Yes, definitely.
- Q. How many approved vendors do you plan to nominate for phases 3 – 10?
- A. That will be decided after we review the proposals and possibly after negotiations.
- Q. Do potential phase 3 – 10 vendors have to indicate their interest now or will other vendors possibly be included at a later data?
- A. The RFP closes April 9, 2007 for all phases. Only contracted providers will receive task orders for Section II.

- Q. When phase 3 – 10 work orders are developed could we propose a combined project with scope, fees, and deliverables, instead of the proposed “leased staff” model?
- A. AHCCCS will consider alternative approaches if it is of benefit to the project, and is allowed within the terms of the contract.
- Q. What is the anticipated time-frame for responding to and providing personnel to a Task Order?
- A. AHCCCS intends to give as much lead-time as possible. As each phase progresses, task orders for following phases will be defined. AHCCCS intends to issue task orders for a given stage prior to the start of that stage. We expect to average 15 working days or 30 calendar days which is dependent on the complexity of the task.
- Q. What is the anticipated size and length of the standard Task Order?
- A. There is no anticipated size and or length, however, the task orders will most likely be project role based, and cover a specific project phase, such as developing an interface, or testing a specific component or module.
- Q. How quick is a winner bidder required to have office space, conference room and associated equipment available.
- A. As quickly as the bidder needs it, AHCCCS is not providing those items. If the bidder does not have an office in Phoenix and does not need one, the bidder still might be required to provide the occasional conference room, maybe using the per diem rent method.
- Q. Can the office space, conference room and associated equipment be located out of Phoenix -- Sierra Vista, for example?
- A. Office - yes Conference room - no
- Q. Will there be any reimbursement for key personnel retained in a "stand-by" status?
- A. No
- Q. Will Milestones be provided for phases announced in Para 2.3, Contract Phases and Schedules
- A. Most of Phases 3 – 10 will be task order driven.
- Q. Can we decline a Task Order without affecting our eligibility for other Task Orders?
- A. Yes
- Q. If selected as a winning bidder, is there a minimum award amount outside of the Task Orders?

- A. No
- Q. Can workers be located outside of Phoenix? Can personnel login remotely to the AHCCCS system in order to conduct work on a Task Order?
- A. Yes. Given the proper signed agreements, AHCCCS has the ability to provide remote access.
- Q. Please clearly explain what the proposal should look like.
- A. Refer to the RFP Special Instructions to Offeror paragraph 5, and to Solicitation Amendment. To be responsive include all information and documentation required. Use a large binder with tabs:
- Tab 1-Transmittal letter
  - Tab 2-Project Narrative-refer to Solicitation Amendment I
  - Tab 3-Staffing Requirements-Include information in Attachment B
  - Tab 4- Financial Information-Include required documents which must be provided.
  - Tab 5-Organizational Information
  - Tab 6-Qualifications and Experience, include all information required to verify qualifications and experience.

Submit all information on disk in accordance with Solicitation Amendment 1.

<b>Personnel Classification</b>	<b>Job Description</b>
Sr. Business Analyst	This position is responsible for documentation and mapping of business processes, documentation and validation of business requirements, system specification, test plans and documentation of project deliverables.
Sr. Healthcare System Analyst	Works with the Senior Business Analyst to develop detailed user requirements, system specifications and application design and testing. With emphasis on the healthcare system subject matter expertise.
Bioinformatics Specialist	Provides requirements and development support for EHR bio/medical data analysis and trending tools.
IT Systems Analyst	Performs analysis of IT systems, EHR applications and data requirements, and provides specifications and IT system designs required to support the HIE Utility.
Project Manager	Certified by the Project Management Institute responsible for managing the project over the planning and development lifecycle.
Database Architect Engineer	Chief database designer and developer and is responsible for creating the EHR data warehouse relational data structures.
Database Administrator	Responsible for the planning, maintenance and development of the EHR databases.
Data Systems Analyst	Performs analysis of EHR applications and data requirements, and provides specifications and data systems designs required to support the HIE Utility.
Software Engineer	Working with the Sr. Software Engineer, researches, designs, tests, implements and maintains software systems to meet HIE Utility requirements. Uses a variety of computer programming languages and applications.
Sr. Software Engineer	Leads the research, design, test, implementation and maintenance of software systems to meet HIE Utility requirements. Uses a variety of computer programming languages and applications.
Application Programmer	Performs research, design, testing, implementation and maintenance of software application to meet HIE Utility requirements. Requires knowledge and experience with client server and relational database based applications.,
Data System Programmer Analyst	Works with Data Systems Analyst on requirements and design of the HIE Utility data systems, implements design and performs programming.



IT Systems Engineer	Works with IT Systems Analyst on requirements and design of the HIE Utility IT systems, performs implementation.
Training and Instructional Design Specialist	Design, develop, implement, and evaluate classroom-based, online, and distance education courses and materials in support of the HIE Utility project and system rollout activities.
Web Designer and Application Developer	Plan and design website features, links, web site look and applications for the web
Clinical Information Systems Specialist	Using clinical end-user's needs for the HIE Utility, develops functional system specifications, and clinical system interfaces/integration requirements.
Data Security Program Analyst	Performs analysis of data security requirements for the HIE Utility, provides specifications and IT system and database security designs to support the HIE Utility project.
Clinical Information Specialist RN Consultant	Represents clinical end-users in the development of user requirements for the HIE Utility.
Behavioral Health Systems Consultant	Represents behavioral health systems requirements in the development of requirements and specifications for the HIE Utility.
Provider Relations Specialist	Coordinates provider input and requirements documentation, develops provider training plans, and evaluates and resolves provider participation and adoption issues.
Long Term Care Systems Consultant	Represents long term care systems requirements in the development of requirements and specifications for the HIE Utility.